

BUILDING SOLID FOUNDATIONS MISSION TEAM APPLICATION
PLEASE PRINT AND COMPLETE THE FOLLOWING INFORMATION

NAME _____
(last) (middle initial) (first)

HOME ADDRESS _____
(Street)

(City) (State) (Zip Code)

HOME PHONE (____) _____ MOBILE PHONE (____) _____

E-MAIL ADDRESS _____

How did you hear about this trip? _____

What do you hope to accomplish on this trip? What are your personal goals?

Describe your skills/interests/expertise as it relates to this humanitarian trip.

Prior mission trip experience/where _____

Any other information we should know about you? _____

(Signature) (Date Completed)

Return this form and your \$100 non-refundable deposit check to:

Building Solid Foundations 963 E. Market St. York PA 17403.

Please make check payable to Building Solid Foundations.